

ASS. REC. BY: Tauph

REF:

C33/H3B23006953 Tnp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

9125K X

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: 6RM3422GRegn: 2023 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: DESK EC31

c.c. _____

Colour: Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 3347

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: LUPP154B4NC894093Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/1214R: 214

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Maxtrus

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. _____

D.O.I. 10/7/23 @ 330 pmSurvey held at Paul Kwe

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair Range: \$6500 - \$7500, 7 days

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B.A. / _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	08/07/2023 12:21 (SGT)
Reported by	Actual Driver
Date of Accident	07/07/2023 10:25 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	TURNING LEFT TO SERANGOON NORTH AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBM3922C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW HUAT ENGINEERING PTE LTD
Company Reg No	200103738W
Email Address	SOON1729@GMAIL.COM
Mobile Phone No	(Phone) +65-97508013
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	DFSK
Model	EC31
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23005866

DRIVER

Name of Driver	TAN ONG LIM
NRIC No	S2615033G
Date Of Birth	03/02/1963
Occupation	Outdoor

Date Of Driving Pass	23/03/1983
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97508013
Alt. Phone Number	-
Email Address	SOON1729@GMAIL.COM
Address	BLK 297 TAMPINES ST 22 #03-580
Address complement	-
Postcode	520297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 07/07/2023 AT 10.25AM. I WAS DRIVING ALONG YIO CHU KANG ROAD WHEN I TURNING LEFT TO SERANGOON NORTH AVE 5 WHILE GIVING WAY TO ONCOMING TRAFFIC. A VEHICLE SHA2729T HIT MY VEHICLE GBM3922C FROM BEHIND AND CAUSE MY REAR PORTION DAMAGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2729T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	TAN LIPT KHOON DEAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

5. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



A : G8M3922C
B : SH A2729 F

Describe Circumstances of the Accident

On 07/07/2023 @ 10:25 am I was driving along Yio Chu Kang Road.
When I turning left to Serangoon North Ave 5 while giving way
to on coming traffic. A vehicle (SHA 2729T) hit my vehicle (GBM 3822C)
from behind and cause my rear parts damage.

Declaration

I/We declare that the foregoing particulars are true and correctly stated.

16/11